



STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
A Healthcare Service Agency

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COMMISSIONER

Testimony of Patricia Rehmer, Commissioner
Department of Mental Health and Addiction Services
Before the Veterans Committee
February 17, 2015

Good morning Senator Flexer, Representative Hennessey and distinguished members of the Veterans Committee. I am Patricia Rehmer, Commissioner of the Department of Mental Health and Addiction Services. I am here today to speak to **HB 6370 AN ACT CONCERNING THE ESTABLISHMENT OF A TASK FORCE TO EXAMINE THE CREATION OF A VETERANS TREATMENT PILOT PROGRAM** and **HB 6391 AN ACT INCREASING MENTAL HEALTH SERVICES FOR VETERANS AND MEMBERS OF THE ARMED FORCES**. While DMHAS is supportive of all efforts to reach out to our veteran community we want to inform you on what is currently being provided. For a number of years we have been operating programs to address the behavioral health needs of our veteran population.

Military Support Program and Jail Diversion/Trauma Recovery for Veterans Program:

The Military Support Program (MSP) was established by the General Assembly in 2007 and funded through the sale of Fairfield Hills Hospital. The MSP provides an array of outpatient behavioral health services to Connecticut Service Members and their family members, including:

intensive outreach and community case management services; outpatient counseling services through a statewide network of over 400 licensed private clinicians; information, referral and advocacy services to secure the right benefits and supports, right away; comprehensive deployment health education services that are available to veterans and their families, state and federal agencies, community-based organizations, and to citizens; and a statewide transportation system that provides livery services and gas cards to MSP participants.

Since its inception:

- Over 5,000 individuals have utilized the MSP's 24/7 Call Center;
- 4,500 have received intensive community case management services (312--veterans; 144--family members);
- Nearly 3,000 have participated in outpatient counseling;
- 143 have received intensive "hands on" assistance in entering the VA healthcare system;
- 600 have received intensive "hands on" assistance in entering the VA health care system and

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- 1,800 received transportation services (all were veterans).

We are excited to report that — in partnership with the Connecticut National Guard — DMHAS embedded thirty one MSP clinicians within key infantry units of the National Guard. The embedded MSP clinicians are designated as “Behavioral Health Advocates,” and they serve as key points of contact for all unit personnel.

It is important to note that the Connecticut MSP is the first, and still the only, program of its kind in the U.S. In August of 2008, Connecticut was one of just three states invited to present at the National Behavioral Health Conference and Policy Academy on Returning Veterans by the Substance Abuse and Mental Health Services Administration, the U.S. Department of Defense and the U.S. Department of Veterans Affairs. Over the last several years the Connecticut MSP Program has been featured at multiple *SAMHSA Service Members, Veterans and Families annual Policy Academies*, and at national conferences sponsored by the *DoD Defense Center of Excellence on Psychological Health and TBI*, VA and the SAMHSA National GAINS Center. Later this month in Texas, the Connecticut Military Department will present the MSP as a “best practice model” at a meeting of the National Guard Bureau.

The Connecticut Jail Diversion and Trauma Recovery Program for Veterans:

In October 2008 DMHAS was awarded a \$2 million, five year grant from the federal Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, to establish a jail diversion program for veterans who are struggling with trauma-related symptoms. This grant builds upon the successes of the existing DMHAS statewide jail diversion infrastructure. The grant required the first-year piloting of jail diversion efforts in a single region of the state, with statewide replication to follow. In that the southeast region is home to the Groton Naval Sub-Base, Camp Rell, the Stone Ranch Training Facility, a VA Veterans Readjustment and Counseling Center, and has the busiest VA community-based outpatient clinic in the state, the Norwich-New London area was selected as the site for this pilot initiative. The DMHAS Southeastern Mental Health Authority located in Norwich administered the regional pilot. The project was continued by DMHAS after the 6 year grant expired in September of last year.

The grant also required completion of a comprehensive planning process during the first year that resulted in the direct submission of a strategic plan to SAMHSA. A plan was approved by SAMHSA’s Center for Mental Health Services and we have expanded the program to additional sites in Middletown and Danielson. Since its inception over 700 veterans have been served by these programs.

To meet the grant’s strategic planning requirements, DMHAS has convened local and state advisory boards comprised of veterans with trauma-related histories who are involved in the criminal justice system, as well as representatives from the federal and state Departments of Veterans’ Affairs, the Judicial Department, the Chief State’s Attorney’s Office, the Public Defender’s Office, the V.A. Veterans’ Center System, the Departments of Labor, Social Services and Correction, and several other affected

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organizations. The goal of the planning process was to establish a formal structure that would, at the earliest opportunity, divert or refer veterans with trauma-related symptoms from the criminal justice system to a seamless system of treatment and recovery support services.

Similar to the MSP Program, Connecticut's Jail Diversion Program for Veterans brings together staff of three distinct systems — the VA, DMHAS, and the Judicial Branch — to jointly operate a program by which veterans who experience involvement with the criminal justice system can be diverted to treatment and necessary services, rather than incarcerated. Operated exclusively for veterans, the program is designed to ease their transition back to the community following their experience in war. We believe these programs are important pieces to veterans reintegration back from theater.

Thank you for the opportunity to address the Committee today on these two important programs. I will be happy to answer any questions you may have at this time.